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APPLICANTS

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** CONTINUING DATA ***** *Y* *can*

This application is a CIP of 09/606,616 06/29/2000 ABN
 which claims benefit of 60/142,107 07/02/1999

** FOREIGN APPLICATIONS ***** *N* *can*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

22429
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TITLE

Transmission of vehicle position relative to map database

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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